



PATENT  
Atty. Docket No. BSC-164

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Li *et al.*  
SERIAL NUMBER: 09/813,780 GROUP NUMBER: 1615  
FILING DATE: March 21, 2001 EXAMINER: Ware, Todd  
TITLE: CONTROLLING RESORPTION OF BIORESORBABLE  
MEDICAL IMPLANT MATERIAL

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

This amendment is submitted in response to the Office action mailed on October 20, 2003. The complete list of claims attached as Appendix A includes the appropriate markings for modified text.

Please reconsider the following amendments.



1615

PATENT  
Attorney Docket No. BSC164

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Li et al.  
SERIAL NO.: 09/813,780 GROUP NO.: 1615  
FILING DATE: March 21, 2001 EXAMINER: Ware, Todd D.  
TITLE: Controlling Resorption of Bioresorbable Medical Implant Material

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Non-Fee Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 6th day of November 2003.

  
Susan Boucher

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

Transmittal Form (1 page);  
Amendment (10 pages); and  
Return-Receipt Postcard

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# TRANSMITTAL FORM

|                           |                |
|---------------------------|----------------|
| Application Serial Number | 09/813,780     |
| Filing Date               | March 21, 2001 |
| First Named Inventor      | Li             |
| Group Art Unit            | 1615           |
| Examiner Name             | Ware, Todd     |
| Attorney Docket No.       | BSC-164        |
| Patent No.                | Not applicable |
| Issue Date                | Not applicable |

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## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]<br><input type="checkbox"/> Petition for Extension of Time<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|---|

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## SIGNATURE BLOCK

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